



## Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on \_\_\_\_\_ by (name of volunteer candidate) \_\_\_\_\_ (“Volunteer”) releases LifeCare Alliance, a non-profit corporation organized and existing under the laws of the State of Ohio and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for LifeCare Alliance and engage in activities related to serving as a volunteer which may involve driving, entering the home of a client, physical labor, and other activities.

Volunteer understands the scope of Volunteer’s relationship with LifeCare Alliance is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that LifeCare Alliance will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury, illness, or vehicle damage as a result of Volunteer’s services to LifeCare Alliance.

1. Waiver and Release: I, Volunteer, release and forever discharge and hold harmless LifeCare Alliance and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to LifeCare Alliance. I understand and acknowledge that this Release discharges LifeCare Alliance from any liability or claim that I may have against LifeCare Alliance with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to LifeCare Alliance or occurring while I am providing volunteer service.
2. Insurance: I understand that LifeCare Alliances does not assume any responsibility for or obligation to provide me with the financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of LifeCare Alliance.
3. Medical Treatment: I hereby release and forever discharge LifeCare Alliance from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with LifeCare Alliance.
4. Assumption of Risk: I understand that the services I provide to LifeCare Alliance may include activities that may be hazardous to me including, but not limited to, driving, delivering products, entering the home of a client, physical labor involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and release

LifeCare Alliance from all liability for injury, illness, death or property damage resulting from services I provide as a volunteer or occurring while I am providing volunteer services.

5. Drug Free Workplace Policy: I will follow the LifeCare Alliance Drug Free Workplace Policy. Volunteers who are under the influence while volunteering will be released from their volunteer position.
6. Releases: I grant and convey to LifeCare Alliance, all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by LifeCare Alliance in connection with my providing volunteer services to LifeCare Alliance.
7. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

**By signing below, I express my full understanding and intent to enter into this Release and Waiver of Liability as set forth above and willingly and voluntarily.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian of Volunteer

\_\_\_\_\_  
Date

(If Volunteer is under the age of 18, a parent or guardian must sign.)

VOLRELEASE  
3.23.21  
/alu